



South Carolina Criminal Justice Academy Certification-Compliance



PERSONNEL CHANGE IN STATUS REPORT NOTIFICATION OF SEPARATION DUE TO MISCONDUCT

This form **MUST be completed within 15 days** of the discovery of any event of misconduct which is determined to be "FOUNDED" by the agency or department. The Misconduct Report Form, Separation Supplement, and all documentation related to the misconduct must be forwarded to the Criminal Justice Academy's Certification Unit.

Reporting Department _____ Agency Phone # _____ Today's Date _____

Officer's Name _____ Academy ID # _____ Home Telephone # _____

Officer's Current Home Address _____ City/Town _____ Zip Code _____

PLEASE CHECK ☒ ONE: ☐ Class 1 LE ☐ Class 1LECO ☐ Class 2 LCO
☐ Class 3SLE (Limited Duty) ☐ Reserve Officer

(For any separation involving misconduct as defined in S.C. Reg. 37-025. Completion of the back of this form is REQUIRED)

Date of Separation: _____ (specify mo/day/yr)

_____ Termination **INVOLVING MISCONDUCT** as defined in S.C. Reg. 37-025

_____ Resignation **INVOLVING MISCONDUCT** as defined in S.C. Reg. 37-025

(Please indicate the nature of the misconduct by checking the appropriate selection below.)

<input type="checkbox"/>	Conviction, plea of guilty, plea of no contest or admission of guilt (regardless of withheld adjudication) to a felony, a crime punishable by a sentence of more than one year (regardless of the sentence actually imposed, if any) or a crime of moral turpitude in this or any other jurisdiction;
<input type="checkbox"/>	Unlawful use of a controlled substance;
<input type="checkbox"/>	The repeated use of excessive force in dealing with the public and/or prisoners;
<input type="checkbox"/>	Dangerous and/or unsafe practices involving firearms, weapons and/or vehicle which indicated either a willful or wanton disregard for the safety of persons;
<input type="checkbox"/>	Dangerous and/or unsafe practices involving firearms, weapons and/or vehicle which indicated either a willful or wanton disregard for the safety of property;
<input type="checkbox"/>	Physical or psychological abuses of members of the public and/or prisoners;
<input type="checkbox"/>	Misrepresentation of employment-related information;
<input type="checkbox"/>	Dishonesty/untruthfulness with respect to his/her employer;

Only events which have been substantiated by investigation have been reported above. The facts & information herein are true & accurate to the best of my knowledge. **DO NOT ATTACH, OR SUBMIT, ANY ADDITIONAL DOCUMENTS.**

Employing Agency Head (Chief, Sheriff, Director) _____ Date _____

Print Name _____ Official Title _____



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PERSONNEL CHANGE IN STATUS REPORT NOTIFICATION OF SEPARATION DUE TO MISCONDUCT – Page 2

Officer's Name _____ CJA ID# _____

Employing Agency Contact Person (for more information) _____

Contact Telephone Number (Area Code and Telephone Number): _____

The below information is REQUIRED for all separations due to misconduct:

Reason for Separation: (Do **not** use generic terminology such as conduct unbecoming, failed to meet agency standards, violation of agency operating procedures, etc. Be specific. **Detailed information** describing act(s) of misconduct is necessary for efficient processing. Attach additional sheets if necessary for full documentation.) **DO NOT WRITE "SEE ATTACHED."**
USE THIS FORM TO WRITE A DESCRIPTION OF THE ALLEGED MISCONDUCT.

Criminal Charges Filed: Yes ☐ No ☐ Date: _____

CHARGE(S): _____

Only events which have been substantiated by investigation have been reported above. The facts & information herein are true & accurate to the best of my knowledge. DO NOT ATTACH, OR SUBMIT, ANY ADDITIONAL DOCUMENTS.

Employing Agency Head (Chief, Sheriff, Director): _____ DATE: _____

Print Name: _____ Official Title: _____

NOTE: A willful failure to report may subject the violator to a civil penalty as provided by law.

SCCJA USE ONLY

MRN: _____ CODE: _____ ID: _____ DATE: _____

Copy sent to Officer on _____ by _____
Date _____ SCCJA'S Authorized Signature _____